

BOROUGH OF CHESTERFIELD



ANNUAL REPORT

OF THE

School Medical Officer

For the Year 1934.

J. A. STIRLING, D.S.C., M.B., D.P.H.

School Medical Officer.

BOROUGH OF CHESTERFIELD



ANNUAL REPORT

OF THE

School Medical Officer

For the Year 1934.

J. A. STIRLING, D.S.C., M.B., D.P.H.

School Medical Officer.

INDEX.

Blind Children	...	...	...	...	...	...	17
Co-operation of Parents	...	...	...	...	...	...	17
" " School Attendance Officers	...	...	...	...	...	...	17
" " Teachers	...	...	...	...	...	...	17
" " Voluntary Bodies	...	...	...	...	...	...	17
Co-ordination	...	...	...	...	...	...	7
Crippling Defects and Orthopædics	...	...	...	...	...	...	14
Dental Defects	...	...	...	...	...	...	13
Deaf and Dumb	...	...	...	...	...	...	17
Employment of Children and Young Persons	...	...	...	...	...	...	18
Epileptic Children	...	...	...	...	...	...	17
External Eye Diseases	...	...	...	...	...	...	10
Findings of Medical Inspection	...	...	...	...	...	...	7
Following Up	...	...	...	...	...	...	8
General Information	...	...	...	...	...	...	20
Infectious Disease	...	...	...	...	...	...	7
Medical Inspection	...	...	...	...	...	...	7
" Treatment	...	...	...	...	...	...	8
Mentally Defective Children	...	...	...	...	...	...	17
Nursery Schools	...	...	...	...	...	...	18
Open Air Education	...	...	...	...	...	...	14
Physical Training	...	...	...	...	...	...	15
Provision of Meals	...	...	...	...	...	...	16
Routine Inspections	...	...	...	...	...	...	22
Re-examinations	...	...	...	...	...	...	22
School Hygiene	...	...	...	...	...	...	7
Secondary Schools	...	...	...	...	...	...	18
Skin Diseases	...	...	...	...	...	...	10
Staff	...	...	...	...	...	...	6
Statistical Tables	...	...	...	...	...	...	22—32
School Clinics	...	...	...	...	...	...	18
Tonsils and Adenoids	...	...	...	...	...	...	9
Tuberculosis	...	...	...	...	...	...	9
Uncleanliness	...	...	...	...	...	...	7
Verminous Children	...	...	...	...	...	...	10
Vision	...	...	...	...	...	...	10

BOROUGH OF CHESTERFIELD.

Education Committee, 1934-35.

THE MAYOR (Alderman H. Varley, J.P.)

Chairman :

ALDERMAN H. CROPPER, J.P.

Vice-Chairman :

COUNCILLOR ROBINSON.

Members :

ALDERMAN ROBINSON.
COUNCILLOR BIRD.
COUNCILLOR BRADLEY.
COUNCILLOR EVANS, M.D.
COUNCILLOR HODKIN.
COUNCILLOR W. B. MITCHELL.
COUNCILLOR OAKLEY.
COUNCILLOR SHORT.
COUNCILLOR THOMPSON.
COUNCILLOR WICKS.
COUNCILLOR A. WRIGHT.

Co-opted Members :

ALDERMAN BARKER.
COUNCILLOR BROUGH.
COUNCILLOR SPENCER, J.P.
MISS J. F. HARDY.
MR. C. E. KEMP, M.A.
MR. J. W. NOTT.
MR. T. TURNBULL, B.Sc.



Borough of Chesterfield.

School Medical Officer's Report for 1934.

To the Chairman and Members of the Education Committee
of the Borough of Chesterfield.

Mr. Chairman, Ladies and Gentlemen,

I have the honour, as School Medical Officer, to submit my Sixth Annual Report on the Medical Inspection and Treatment of School Children in the Borough during the year ended December 31st, 1934.

The Report has been prepared in accordance with the requirements of the Board of Education.

No changes have taken place during the year either in the personnel of the School Medical Staff or in the Scheme of Medical Inspection.

I have pleasure in reporting that keenness and cordial relations exist within the Department, and between it and the Director of Education and the Head Teachers there is the closest co-operation.

I wish to express my appreciation of the work of Dr. Mackay and the other members of the Staff of the School Medical Service, to Dr. Stead for his kindly co-operation, and to you, ladies and gentlemen, for your continued support and kindly assistance.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

J. A. STIRLING,

School Medical Officer.

Staff of the School Medical Service.

School Medical Officer and Medical Officer of Health :

J. A. STIRLING, D.S.C., M.B., Ch.B., D.P.H.

**Assistant School Medical Officer and Assistant Medical Officer
of Health :**

BELL C. MACKAY, M.B., Ch.B., D.P.H.

Ophthalmic Surgeon :

WM. M. MUIRHEAD, M.B., Ch.B., D.O.M.S., R.C.P.S.

School Dental Officer :

A. ROYDEN LITTLAR, L.D.S.

School Nurses and Health Visitors :

MRS. E. A. JOHNSON.

MRS. P. A. ELLOR.

MRS. S. M. STREET.

MISS O. M. PARKER.

MISS E. E. PASSEY.

MISS F. SMITH.

MISS E. M. HUGHES.

Clerical Staff :

G. S. BROWN.

MISS E. M. ELLIOTT.

MISS N. GILL.

MISS E. REYNOLDS.

CO-ORDINATION.

The School Medical Officer is also Medical Officer of Health, while the School Nurses are also Health Visitors, and thus the closest co-ordination exists between all the health services of the Borough.

The care of debilitated children under school age is undertaken by the Maternity and Child Welfare Committee.

SCHOOL HYGIENE.

As indicated in previous reports, the building of several new Schools and the reconstruction of others has taken place during the last five years. These buildings are all of excellent design, and are in accord with modern ideas for securing the maximum of light and fresh air, and are undoubtedly having a very beneficial effect on the general health of the children, as is evidenced by the improved average attendance.

MEDICAL INSPECTION.

The general arrangements for Medical Inspection remain as set out in last year's report. At each School the three code groups, i.e., "Entrants," "Intermediates," and "Leavers," have been examined, in addition to the "Specials" and "Re-examinations." Particulars under this heading will be found in Table I.

FINDINGS OF MEDICAL INSPECTION.

The defects discovered during the School Medical Inspections will be found summarised in Table II at the end of the Report.

UNCLEANLINESS.

The schools are visited at frequent intervals during the year by the School Nurses, who inspect the children for the presence of verminous or unhealthy conditions, subsequently following up any cases found in an unsatisfactory condition.

During the period under review, 40,648 children were examined in the schools, and of this number 1,057 were found unclean.

INFECTIOUS DISEASE.

The arrangements under this heading remain as before, and have again worked very satisfactorily during the year.

It is gratifying to be able to report a low prevalence of Infectious Disease again this year amongst the Borough school children, in fact, the figures are lower even than those of last year, being 101 as against 113 in 1933. No school closures were necessary during the year.

A summary of these figures is given below :—

	1934	1933
Scarlet Fever	67	92
Diphtheria	19	12
Pneumonia	11	4
Erysipelas	3	—
Cerebro Spinal Meningitis ...	1	5
	—	—
	101	113
	—	—

FOLLOWING UP.

There is nothing to add to my remarks of last year under this heading, except to state that the arrangements made at the beginning of 1931 continue to prove very satisfactory.

The work of the School Nurses during the year is shown in the following analysis :—

(1) Visits to Schools	1,789
(a) For Infectious Disease	54
(b) Other Visits	1,564
(c) For Verminous Surveys	171
(2) Visits to Homes of School Children	913

Reason of Visit.	No. of Visits.
Verminous Children	109
Scabies	3
Ringworm	10
Eye Diseases and Defects	248
Enlarged Tonsils and Adenoids	70
Other Medical Defects	394
Infectious Disease	—
Other Visits and Re-visits	79

MEDICAL TREATMENT.

That the Minor Ailments Clinics still continue their sphere of usefulness is evidenced by the fact that 2,085 children made 10,568 attendances at the clinics during the year.

The following table shows the complaints for which the children were treated, and contains the figures for both the Saltergate and Old Whittington Clinics :—

Skin Diseases :—

Scabies	...	...	...	...	...	26
Impetigo	...	...	...	...	...	256
Ringworm (Scalp)	...	...	...	...	...	10
Ringworm (Body)	...	...	...	...	...	17
Other Skin Diseases	...	...	...	...	...	88

Eye Diseases :—

Blepharitis	...	...	...	...	...	72
Conjunctivitis	...	...	...	...	...	23
Corneal Ulcer	...	...	...	...	...	3
Other Eye Diseases	...	...	...	...	...	93

Ear Diseases :—

Otorrhoea	...	...	...	...	...	94
Wax	...	...	...	...	...	20
Other Ear Diseases	...	...	...	...	...	49

Diseases of the Nose and Throat :—

Enlarged Tonsils and Adenoids	...	...	...	...	66
Other Conditions	...	...	...	...	266
Verminous Heads and Bodies	...	...	...	...	58
Septic Sores and Abrasions	...	...	...	...	920
General Examinations	...	...	...	...	220
Dental Diseases	...	...	...	...	31
All other Diseases	...	...	...	...	530

TONSILS AND ADENOIDS.

The scheme which came into force with the Royal Hospital towards the end of 1933 has worked smoothly and satisfactorily during the year under review.

Action taken during 1934 in dealing with cases of enlarged tonsils and adenoids will be found in Table IV, Group 3, at the end of this Report.

TUBERCULOSIS.

It is with sincere regret that I record the death of Dr. Nicholson, Area Tuberculosis Officer, during the year. He always gave free and willing assistance to the School Medical Service, and we all mourn his loss.

It is gratifying to again note the continued small incidence of Tuberculosis, and especially Pulmonary Tuberculosis, in the Borough school children, and this continued low incidence is undoubtedly due to a great extent to the improved hygienic conditions under which the children are working in the new and reconstructed schools.

No cases of Tuberculosis were discovered at routine medical inspection, but during the year six cases of Pulmonary and a similar number of Non-pulmonary Tuberculosis in children of school age were notified in the Borough.

SKIN DISEASES.

It is gratifying to report that the number of skin diseases discovered during the year was again very small.

VERMINOUS AND DIRTY CHILDREN.

No proceedings were taken during the year under either the Education Act, 1921, or under the School Attendance Bye-laws.

EXTERNAL EYE DISEASES.

These cases are mainly dealt with at the School Clinic, and Dr. Muirhead is always ready and willing to see any difficult case referred to him.

VISION.

872 cases of defective vision and squint were seen by the School Oculist during the year, these children making 2,231 attendances. As a result of these examinations, 349 pairs of glasses were prescribed, and of this number 314 pairs were obtained.

I am indebted to Dr. Muirhead, the School Oculist, for the following comments on his work at the Ophthalmic Clinic during the year 1934 :—

School children requiring an eye examination are referred to the School Eye Clinic, where they are examined. Urgent cases reporting to the School Clinic on a day on which the Eye Clinic is not sitting are referred to the Ophthalmic Department of the Chesterfield Royal Hospital. Therefore, a more or less continuous eye service is provided throughout the week, both during the School term and the holidays.

Glasses, or local treatment, or both, are prescribed at the Eye Clinic when necessary, and children requiring special local treatment or operations are referred to the Hospital for out-patient or in-patient treatment.

The number of inflammatory cases is comparatively small; rarely are they severe, and generally improve quickly with treatment. Credit must be given to the vigilance of the Teaching Staff, who insist on children with inflamed eyes reporting at the Clinic without delay.

The attention given to the eyes appears to be appreciated by the majority of the parents, and they are willing to co-operate as far as possible.

In some cases the explaining of the eye defects in a simple way to the parents, and even to some of the children, is very helpful.

The parents accompany their children more frequently than formerly.

The School Teachers render considerable assistance, which is much appreciated, in helping to detect cases of defective vision, and also in the supervision of the children in the wearing of the spectacles.

All cases of squint, at whatever age, should be referred to an Ophthalmic Surgeon without delay. Parents are encouraged to bring their children when they suspect squint, even if they have not attained school age. Other members of the family, accompanying a child with a squint to the Clinic, are examined at the same time in order to see if they either squint, or are likely to, or require glasses. Too often it is too late to commence treatment of a squint after the child has commenced its school career.

The Child Welfare Clinic is very helpful in referring suspected cases. The earlier the treatment is commenced the better the progress. One hopes by such methods to reduce considerably the number of squint operations, and also to avoid the long drawn out conservative methods of the treatment of squint.

The following is a summary of the year's work at the Ophthalmic Clinic :—

Number of Attendances	2,231
Number of new cases who attended and were tested under Atropine	198
Number of new cases who attended and were tested without Atropine	42
Number of prescriptions given for glasses	145
Number who obtained glasses	128
Number who required no glasses	66
Number found wearing correct glasses	2
Number of cases referred to Hospital	26
Number of cases in which treatment was not completed	15
Number of cases who have left town and school ...	2
Number of old cases who attended and were re-examined under Atropine	194
Number of old cases who attended and were re-examined without Atropine	516
Number of old cases in which new glasses were ordered after re-testing	189
Number of old cases who obtained glasses ordered ...	171

Number of cases for whom glasses were prescribed in 1933 and did not obtain them until 1934	37
Number of cases for which prescriptions were repeated in respect of broken glasses	7
Number of necessitous cases for whom glasses were obtained by the Local Authority:—	
Free	8
Part Payment	122
Full Payment	215
Number of cases referred to Dr. Muirhead from the Minor Ailments Clinic during the year	25

The following gives an analysis of the cases treated:—

Hypermetropia	161
Hypermetropic Astigmatism	347
Myopia	97
Progressive Myopia	—
Myopic Astigmatism	55
Mixed Astigmatism	38
Concomitant Strabismus	100
Nebulæ	11
Nystagmus	—
Conjunctivitis	27
Phlyctenular Conjunctivitis	6
Blepharitis	18
Corneal Ulcer	4
Chalazion	2
Keratitis	1
Styes, Abscess, etc.	8
Emmetropia	17
Traumatic Choroidal Scars	1
Asthenopia	5
Anisometropia	40
Epicanthus	2
Dacryocystitis	2
Cataract	—
Spasm of Accommodation	3
Ptosis	1
Foreign Body	1
Medical	3
Coloboma	3
Contusion	3
Sub-conjunctival Hæmorrhage	3
Mydriasis	1

DENTAL DEFECTS.

7,748 children were examined by the School Dental Officer during the year ended December 31st, 1934, and of this number 4,153 were found to require treatment, and 2,909 were actually treated.

Mr. Littlar, the School Dental Officer, gives the following report on the School Dental Inspections and Treatment :—

The work undertaken has been of a similar nature to that of previous years, namely, fillings and extractions, no dentures or orthodontic appliances being undertaken. Of the 7,748 children examined, 66.4% accepted treatment at the Clinic, 28.9% either refused treatment or had private treatment, and 4.7% did not return their Consent Forms. These percentages compare very favourably with the statistics of other authorities. There was an increase of 216 children treated over last year's number, and an increase of 122 attendances.

In the routine inspections this year all the children of school age were included in the Dental Scheme. The children from 12 to 14 years of age had not been examined for some time, which accounts for the large increase in the number of extractions of permanent teeth, and also in the number of permanent fillings.

It has again been impossible to examine every child in the twelve months, fifteen months being necessary to complete inspection of all the schools.

Through the kind assistance of Mr. Wills, the Inspector of the National Society for the Prevention of Cruelty to Children, a number of children suffering unnecessary pain through the persistent refusal of their parents to allow them to be treated, received treatment.

Diseased conditions in the mouth are not only painful and harmful in themselves, but are damaging to the bodily health generally. A healthy and functionally efficient mouth is one of the main factors in nutrition and the maintenance of health generally, resulting in a more alert child and reducing absenteeism.

The Dental Clinic at the "Mary Swanwick" School is very much appreciated, and the attendances there are very good.

It is gratifying to note the increasing number of parents who come up for advice about their children's teeth, apart from the periodical inspections.

I wish to thank the teaching staff for the work they have done in teaching the children Dental Hygiene, also for urging the parents and children to take advantage of the treatment provided at the Clinic.

The Maternity and Child Welfare Clinic for children of pre-school age is doing useful work.

CRIPPLING DEFECTS AND ORTHOPÆDICS.

There has been no alteration in the arrangements under this heading during the current year, and may I again express my grateful thanks to Mr. Garrick Wilson and the Staff of the Royal Hospital for their continued valuable help and co-operation.

OPEN AIR EDUCATION.

Stone Hay Camp was used once again this summer, with markedly beneficial effects to all the children who were lucky enough to have the opportunity of going there. Six parties were sent there during term time, each party, which consisted of eighteen boys or girls and two teachers, remaining at the camp for two weeks. Contributing schools were "Violet Markham" Girls', Central Girls', Central Boys', "Peter Webster" Boys', "Willam Rhodes" Boys', and Old Road Senior Mixed.

The camp was used during the summer holiday by two parties of boys selected from the "Peter Webster" Boys' School and the Central Boys' School.

Other organised camps and school journeys were as follows :—

- (a) "William Rhodes" Boys at Lyme Regis during the month of May.
- (b) "Violet Markham" Girls at Stratford-on-Avon during the month of June.
- (c) Central Girls at London during July.
- (d) Brampton Girls at Scarborough during July.
- (e) Old Whittington Senior at York during July.
- (f) Settlement Class at the Settlement Hut, Darley Dale, during July.
- (g) New Whittington Senior Boys at Darley Dale (voluntarily organised by the Staff) during August.
- (h) Derby Road Girls at Overton Hall during the month of June. This was an interesting experiment to see in what way the Youth Hostel Association Centres could be utilised as centres for School Camps and School Journeys. The Camp was a decided success.

SWIMMING AND SCHOOL BATHS.

During the past swimming season 11,634 children's visits were paid to the Central School Baths as part of the school curriculum, and children who were able to swim also paid 7,357 visits with privilege tickets outside school hours—a considerable increase on the previous year.

During the summer of 1934 these baths were again much over-used by people other than school children, but excuse can be found for this in the lack of adequate swimming facilities generally throughout the Borough. It must, however, be remembered that the claims of the school children of the Borough must be the first consideration, as the Central School Swimming Baths were provided in the first instance by the Education Committee for the specific purpose of school children.

Despite the utmost care taken to disinfect the water, there is naturally a limit to the hygienic capacity of the Baths, and the needs of the children must be the first consideration.

It was due to the combination of these factors that it was decided that, as from the beginning of the 1935 season, the Baths should be reserved for the use of children only. This will make it possible to allocate more time out of school hours to the various schools in the Borough.

A feature of the 1934 season was the Life-Saving Class conducted for groups of children. The excellent results of this Class were due largely to the personal supervision exercised by the Bath Attendant, Mr. Haywood.

PHYSICAL TRAINING.

Conditions under this heading remain as in previous years. I am indebted to the Secretary of the Schools Athletic Association, who has kindly furnished the following report of its activities during the current year :—

The standard reached in the Annual School Sports again held in the Queen's Park, was a high one in every class of sport participated in, as is evidenced by the fact that eleven new records were set up. The athletic performance, bearing and costumes of most of the competitors earned the approbation of all present. It was obvious that the quality of the athletics and the success of the arrangements reflected the work of all concerned in the training of the competitors, and the teachers who organised and trained such fine athletic children can rest assured that they are doing their full share in this very essential aspect of Education.

The National Schools Athletic Championships were held at Blackpool, and for the first time in the history of the Chesterfield Association a National Championship—the girls' high jump—was won by a Chesterfield Borough scholar, and in addition to this, three standard medals for fine performances were also awarded to competitors attending Borough schools.

A high standard of swimming was maintained at the Annual Swimming Gala, and it is pleasing to note that there was a greatly increased number for all events this year.

"Violet Markham" School won the Netball Championship this year, and the Chesterfield team reached the final of the County Competition, but were then beaten 13—9.

The Championship Cricket Shield was won by the "Mary Swanwick" School, and the knock-out competition for the Thompson Cup was won by the Old Road School.

PROVISION OF MEALS.

During the year it was found necessary to provide 42,200 milk meals to school children, and of this number 34,279 were provided free, 5,333 at half cost, and 2,588 at no cost to the Education Committee.

The cases for free milk were selected by the School Medical Department, and then subjected to a scale approved by the Board of Education, taking into consideration income and numbers in family.

The nutrition of the general body of school children in the Borough has not shown any evidence of deterioration, but I am absolutely convinced that the individual malnourished children who have been supplied with free milk have undoubtedly derived great benefit from it.

In October, the Milk Marketing Board's Scheme for the supply of milk to school children came into operation and immediately proved a great success, and it is interesting to record that the total milk drunk daily in the schools amounts to over 2,000 pints. Still, in my opinion, you cannot expend a halfpenny in better food value than by providing one-third pint of milk, and when this is fully realised by parents I hope that the supply of milk under this scheme will be still greater. This big increase undoubtedly threw a great deal of extra work on the teachers, and I would like to express my grateful thanks to them for the manner in which this was tackled, and can assure them that by their help and co-operation they are taking a large share in the promotion of better nutrition which is bound to result from the scheme.

Under the scheme the source of milk supply has to be approved by me as Medical Officer of Health and in consultation with Mr. Carter, the Chief Sanitary Inspector, we have insisted that only the best raw milk obtainable will be approved by us for supply in schools. Samples of raw milk supplied to schools during the year have been regularly taken by the Health Department, and in every case, in our opinion, a "safe" milk is being supplied.

CO-OPERATION OF PARENTS.

The parents of children to be examined at the routine school medical inspections are notified of the time and place of examination in order that they may be present at their child's examination if they so desire.

CO-OPERATION OF TEACHERS.

My appreciative thanks are due to the teaching staffs of the various schools for the valuable help freely rendered by them at all times during the year.

CO-OPERATION OF SCHOOL ATTENDANCE OFFICERS.

The close co-operation between this Department and the School Attendance Officers still happily continues, and is, I venture to think, of great mutual benefit.

CO-OPERATION OF VOLUNTARY BODIES.

The Borough Welfare Department continues its very useful work in dealing with ailing and debilitated school children, and I would like to express my grateful thanks to Miss Raine and her staff for their continued co-operation.

Mr. Wills, the N.S.P.C.C. Inspector, pays regular visits to the School Medical Department to discuss cases which it is thought advisable to keep under observation, and his kindly help is much appreciated.

BLIND, DEAF AND DUMB, DEFECTIVE AND EPILEPTIC CHILDREN.

At the end of 1934 there were 13 children receiving care in special residential schools, and in addition to this number there were 101 mentally defective children receiving training in special classes attached to five of the elementary schools in the Borough.

NURSERY SCHOOLS.

There are no Nursery Schools in the Borough, but Nursery Classes have again been successfully carried on at the following Schools:—Highfield Hall, Whittington Moor Infants', Brampton Infants', Hipper Street Infants', and "Cavendish" Infants'. No new Nursery Classes have been attached to other Schools during 1934.

At the Whittington Moor Infants' School two rooms were reconstructed to make one large Nursery. A scheme of decoration was carried out at the suggestion of Mr. O. J. Tonks, Art Master at the Hasland Hall School. The walls above the dado were painted to represent blue sky and clouds, and a light blue ceiling completes a remarkable "open-air" effect. A large corner cupboard holding a hot water geyser now represents the turrets of a castle, and new furniture, cellulosed to harmonise with the colour scheme, has given a room of extraordinary beauty.

SECONDARY SCHOOLS.

The arrangements under this heading remain the same as in previous years.

EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.

82 Employment Certificates were issued during the year, and no applications were refused.

SCHOOL CLINICS.

The following is the programme of Clinics which has been in force during the period under review:—

	Saltergate Clinic.	Clinic at "Mary Swanwick" School.
(1) Minor Ailments Clinic	Daily, 9-30—12-0 (noon)	Daily, 2-30—4-0 p.m.
(2) Dental Clinic	Daily by appointment.	Will be open during periods of the year when Whittington Area is being inspected and treated, and appointments will then be made.
(3) Ophthalmic Clinic	Tuesday & Saturday mornings by appointment.	

SPECIAL REPORTS.

I am indebted to Dr. Mackay, Assistant School Medical Officer, for the following remarks on children found at routine inspections to be suffering from Rickets.

There were 3,065 children examined at the routine inspections of the three age groups this year. Among these, 82 were found to show definite evidence of having suffered from rickets in early life. This gives a percentage of 2.7, which is a very low incidence rate for rickets. None were found to be suffering from rickets in an active form. Rickets causes a softening of the bones, ligaments of joints and muscles. While in this condition, deformity is liable to result from any strain, and fractures of bones are very easily produced. These defects become most noticeable during periods of rapid growth. Later on these structures become as firm as normally, and only the deformity remains. Rickety children are very subject to various forms of catarrh, bronchitis, and digestive disturbances, and these complications may persist after the disease has become quiescent. As rickets is chiefly a disease of infancy or early childhood, it is mostly the defects and complications which it has left that we have to deal with during school age.

Of these 82 cases seen this year, 69 showed deformity of the chest wall due to falling in of the ribs in some areas, causing flattening of the chest and undue bulging in other areas, and beading of the ribs. In their softened condition the ribs become gradually indrawn, especially during times when there is respiratory difficulty, such as during attacks of bronchitis. A chest which has become thus deformed is in turn more subject to bronchitis. Of these 69 children, 30 suffered from periodic attacks of bronchitis and 6 suffered from chronic chest trouble. Fortunately, as these children become stronger in general health the chest deformities tend to diminish, and considerable improvement can be brought about by regular physical exercise and breathing exercises, such as are taught in all the schools.

In most cases more than one group of bones have been affected, and there is generally a certain amount of stunting of growth. There were 9 children who showed the characteristic square shaping of the head, sometimes accompanied by definite bossing of the bones. Some showed evidence of rickets in the arms, but in none of these was there any marked deformity. Where the pelvic bones have been affected in a girl, they may cause difficulties later in life during child-birth. The leg bones may be bent in various directions, and as a secondary result the child may tend to walk over one side of his boot. The commonest deformity produced is bow-legs, of which there were four definite examples this year. Where the ligaments are especially weak, when the child gets its weight on to its legs,

there is more likelihood of conditions of knock-knee and flat foot being produced. There were five cases of knock-knee this year. Simple remedial exercises may do much to overcome the deformity, and where special orthopædic treatment is necessary, the children are referred to the Royal Hospital.

General lines of treatment consist of plenty of fresh air and sunshine, an adequate diet containing all the food factors and the treatment and correction of any general ailments. Our present schools are constructed to allow of a plentiful supply of fresh air and sunshine to the classrooms. Outdoor exercises, games, excursions and camps are arranged for the children. Milk meals are given in school, and additional help may be allowed through the Borough Welfare Committee. Many of the children are taught cookery and food values in school. Advice is given to the parents on diet and ailments at the medical inspections and school clinics, and in their own homes by the school nurses. In carrying out these measures, much credit is due to the observation, co-operation and work of the teachers.

GENERAL INFORMATION.

The total accommodation of Elementary Schools in the Borough for the year 1934-35 was 12,376, and the number of children on the register at the end of December, 1934, was 10,607.

The following table shows the names of the Schools and the number of children on the register at the end of the year 1934.

Hipper Street Junior Mixed	...	...	...	298
Hipper Street Infants'	...	...	...	177
St. Helen's Street Junior Mixed	...	...	...	242
St. Helen's Street Infants'	...	...	...	126
Central Boys' Modern	...	...	...	345
Central Girls' Modern	...	...	...	308
Brampton Girls' Modern	...	...	...	192
Brampton Junior Mixed	...	...	...	390
Brampton Infants'	...	...	...	243
Spital Infants'	...	...	...	30
Old Road Mixed Modern	...	...	...	294
Old Road Infant and Junior	...	...	...	544
Christ Church Infant and Junior	...	...	...	152
St. Mary's Catholic Senior	...	...	...	172
St. Mary's Catholic Junior	...	...	...	302
Eyre Street Infants'	...	...	...	182
Hasland Junior Mixed	...	...	...	320
Derby Lane Girls' Modern	...	...	...	282
Derby Lane Infants'	...	...	...	308
Derby Lane Junior Mixed	...	...	...	480
"Cavendish" Junior Girls'	...	...	...	251
"Cavendish" Infants	...	...	...	171

Newbold C. of E. Infant and Junior	...	...	122
"Gilbert Heathcote" Junior Boys'	...	...	275
New Whittington Mixed Modern	...	...	189
New Whittington Infant and Junior	...	...	345
"Mary Swanwick" Mixed Modern	...	...	268
"Mary Swanwick" Infant and Junior	...	...	263
Brushes Infant and Junior	...	...	215
"Peter Webster" Boys' Modern	...	...	343
"William Rhodes" Infants'	...	...	191
"Violet Markham" Girls' Modern	...	...	449
Highfield Hall Infant and Junior	...	...	471
Whittington Moor Infants'	...	...	233
"William Rhodes" Boys' Modern	...	...	415
Tapton House Selective Central	...	...	415
"William Rhodes" Junior Mixed	...	...	335
Hasland Hall Mixed Modern	...	...	269

TABLE I.

Return of Medical Inspections.**A. ROUTINE MEDICAL INSPECTIONS—**

No. of Code Group Inspections:—

Entrants	...	...	...	1147
Intermediates		...	...	910
Leavers	...	...	...	1008
				——3065

B. OTHER INSPECTIONS:—

No. of Special Inspections	...	79
No. of Re.Inspections	..	2791
		——2870
		——
		5935
		——

TABLE II.

A.—Return of Defects found by Medical Inspection in the
Year ended 31st December 1934.

Defect or Disease.					Routine Inspection		Specials	
					No. of Defects		No. of Defects	
					Referred for Treatment	Requiring to be kept under observation, but <i>not</i> referred for treatment.	Referred for Treatment	Requiring to be kept under observation, but <i>not</i> referred for treatment.
(1)					(2)	(3)	(4)	(5)
Skin	Malnutrition				3	3	1	—
	{	Ringworm—						
		Scalp			—	—	—	—
		Body			—	—	—	—
		Scabies			—	—	—	—
		Impetigo			6	—	1	—
	Other Diseases (Non-Tuberculous)			10	14	2	1	
Eye	{	Blepharitis			8	39	1	1
		Conjunctivitis			2	2	—	—
		Keratitis			—	1	—	—
		Corneal Opacities			—	2	—	—
		Defective Vision			169	251	10	3
		Squint			15	27	3	—
	Other Conditions			4	10	1	—	
Ear	{	Defective Hearing			1	7	2	1
		Otitis Media			5	20	1	1
		Other Ear Diseases			12	9	—	2
Nose and Throat	{	Chronic Tonsillitis:						
		Tonsils only			15	160	2	2
		Adenoids only			—	4	—	—
		Chronic Tonsillitis and Adenoids			7	4	3	—
		Other Conditions			3	15	2	4

TABLE II—Continued.

(1)				(2)	(3)	(4)	(5)
Enlarged Cervical Glands (Non-Tuberculous)				—	24	—	1
Defective Speech				—	11	—	—
Teeth—Dental Diseases				17	—	3	—
Heart and Circula- tion	{	Heart Disease—					
		Organic	—	6	—	—	
		Functional	—	83	—	4	
		Anæmia	—	5	—	1	
Lungs	{	Bronchitis	—	7	—	—	
		Other Non-Tuberculous Diseases	3	116	1	2	
Tuber- culosis	{	Pulmonary:—					
		Definite	—	—	—	—	
		Suspected	—	—	—	—	
		Non-Pulmonary—					
		Glands	—	—	—	—	
		Other Bones & Joints... ..	—	—	—	—	
		Skin	—	—	—	—	
	Other Forms	—	1	—	1		
Nervous System	{	Epilepsy	—	1	—	—	
		Chorea	—	3	—	—	
		Other Conditions	—	9	—	—	
Deformi- ties	{	Rickets	—	4	—	—	
		Spinal Curvature	—	1	—	—	
		Other Forms	3	16	—	—	
Other Defects and Diseases				2	17	5	11
				285	872	38	35

B.—Number of Individual Children found at Routine Medical Inspection to require Treatment (excluding Uncleanliness and Dental Diseases).

Group. (1)	Number of Children.		Percentage of Children found to require Treatment (4)
	Inspected (2)	Found to require Treatment (3)	
Code Groups:			
Entrants ...	1147	41	3.5
Intermediates ...	910	104	11.4
Leavers ...	1008	101	10.0
	3065	246	8.0

TABLE III.

RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA.

Blind Children.

At Certified Schools for the Blind.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
6	—	—	—	6

Partially Blind Children.

At Certified Schools for the Blind.	At Certified Schools for the Partially Blind.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	—	1	—	—	1

Deaf Children.

At Certified Schools for the Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
5	—	—	—	5

Partially Deaf Children.

At Certified Schools for the Deaf.	At Certified Schools for the Partially Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	—	2	—	—	2

Mentally Defective Children.

Feeble-Minded Children.

At Certified Schools for Mentally Defec- tive Children.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
1	111	1	—	113

TABLE III.—continued.

Epileptic Children.

Children suffering from Severe Epilepsy.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	—	—	1	1

Physically Defective Children.

A. Tuberculous Children.

1. Children suffering from Pulmonary Tuberculosis.
(including pleura and intra-thoracic glands).

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	3	4	—	7

2. Children suffering from Non-Pulmonary Tuberculosis.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
7	10	—	5	22

B. Delicate Children.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	125	—	—	125

C. Crippled Children.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
1	30	—	1	32

D. Children with Heart Disease.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	5	—	—	5

TABLE IV.

Return of Defects Treated during the Year ended
31st December, 1934.

TREATMENT TABLE.

Group 1.—MINOR AILMENTS (excluding Uncleanliness, for which
see Group VI.)

Disease or Defect. (1)	Number of defects treated or under treatment during the year.		
	Under the Authority's Scheme (2)	Otherwise (3)	Total (4)
<i>Skin—</i>			
Ringworm—Scalp	10	—	10
Ringworm—Body	17	—	17
Scabies	26	—	26
Impetigo	256	—	256
Other Skin Diseases	88	—	88
<i>Minor Eye Defects—</i>			
(External and other, but excluding cases falling in Group 2)	191	—	191
<i>Minor Ear Defects</i>	163	—	163
<i>Miscellaneous</i>			
(e.g., minor injuries, bruises, sores, chilblains, etc.)	2033	—	2033
Total	2784	—	2784

Group II.—DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects treated as Minor Ailments—Group I.)

Defect or Disease. (1)	No. of Defects dealt with.		
	Under the Authority's Scheme. (2)	Otherwise (3)	Total. (4)
Errors of Refraction (including squint)	872	4	876
Other Defect or Disease of the Eyes (excluding those recorded in Group I)	52	22	74
Total	924	26	950

Total number of children for whom spectacles were prescribed:—

(a) Under the Authority's Scheme	...	...	...	334
(b) Otherwise	...	...	...	15

Total number of children who obtained or received spectacles:—

(a) Under the Authority's Scheme	...	...	...	345
(b) Otherwise	...	...	...	13

Group III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

NUMBER OF DEFECTS.

Received Operative Treatment.																			
Under the Authority's Scheme, in Clinic or Hospital. (1)				By Private Practitioner or Hospital, apart from the Authority's Scheme. (2)				Total. (3)				Received other forms of Treatment. (4)				Total number treated. (5)			
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)								
2	1	15	—	2	3	13	—	4	4	28	—	—				36			

(i) Tonsils only. (ii) Adenoids only. (iii) Tonsils and adenoids.
(iv.) Other defects of the nose and throat.

Group IV.—ORTHOPAEDIC AND POSTURAL DEFECTS.

	Under the Authority's Scheme. (1)			Otherwise. (2)		Total number treated.
	Residential treatment with education.	Residential treatment without education.	Non-residential treatment at an orthopaedic clinic.	Residential treatment without education.	Non-residential treatment at an orthopaedic clinic.	
Number of children treated.	—	—	—	—	—	1

Group V.—DENTAL DEFECTS.

(1) Number of Children who were:—

(i) Inspected by the Dentist:—

Routine Age Groups—

Age 5	...	...	...	865
„ 6	...	...	...	727
„ 7	...	...	...	894
„ 8	...	...	...	787
„ 9	...	...	...	782
„ 10	...	...	...	652
„ 11	...	...	...	841
„ 12	...	...	...	883
„ 13	...	...	...	919
„ 14	...	...	...	398

Total 7748

Specials 184

Grand Total 7932

(ii) Found to require treatment 4153

(iii) Actually treated 2909

(2) Half-days devoted to:—

Inspection 36

Treatment 391

Total 427

(3) Attendances made by children for treatment ... 2998

(4) Fillings:—

Permanent Teeth 1494

Temporary Teeth 5

Total 1499

(5)	Extractions:—					
	Permanent Teeth	...	...	...	...	1226
	Temporary Teeth	...	...	...	...	3846
	Total		...	...	...	<u>5072</u>
(6)	Administrations of general anæsthetics for extractions					—
(7)	Other Operations:—					
	Permanent Teeth	...	...	...	...	260
	Temporary Teeth	...	...	...	...	165
	Total		...	...	...	<u>425</u>

Group VI.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

(1)	Average number of visits per school made during the year by the School Nurses	...	...	...	...	4
(2)	Total number of examinations of children in the Schools by School Nurses	...	...	...	...	40648
(3)	Number of Individual Children found unclean	...				1057
(4)	Number of children cleansed under arrangements made by the Local Education Authority...	...				—
(5)	Number of cases in which legal proceedings were taken:—					
	(a) Under the Education Act, 1921...	...				—
	(b) Under School Attendance Byelaws	...				—

